

TO : CACEIS Bank Luxembourg Branch
FUND DISTRIBUTION SERVICES
FAX : + 352 4767 7037
TEL : + 352 4767 5999

SUBSCRIPTION and REDEMPTION ORDER FORM

Fund Name:

<i>Investor Name</i>	<i>Investor Client Account</i>	<i>Fund Class Name</i>	<i>ISIN Code</i>	<i>Transaction Type SUB or RED</i>	<i>Number of shares/Units</i>	<i>Or order amount</i>	<i>Payment currency</i>
					_____ , _____	_____ , _____	

Please use dots to separate thousands and commas to separate decimals.

Signature 1 -----

Name: _____

Title: _____

Date: _____

Signature 2 -----

Name: _____

Title: _____

Date: _____